

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Wag</i>		3/3/00
O.I.P.E. CLASSIFIER		10	3-15-00
FORMALITY REVIEW	<i>NB</i>	65575	4/28/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	7/13/01
2	✓	✓	12/26/02
3	✓	✓	12/17/02
4	✓	✓	6/30/03
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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41	✓	✓	
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43	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	9/13/01
52	✓	✓	12/26/02
53	✓	✓	12/17/02
54	✓	✓	6/30/03
55	✓	✓	
56	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	6/30/03
102	✓	✓	
103	✓	✓	
104	✓	✓	
105	✓	✓	
106	✓	✓	
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140	✓	✓	
141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)